



SOLODYN PA SUMMARY

PREFERRED	Doxycycline, Erythromycin, Minocycline regular-release (available in 50, 75, and 100 mg tablets and capsules), Tetracycline
NON-PREFERRED	Minocycline ER tablets (generic), Solodyn

LENGTH OF AUTHORIZATION: 3 months

NOTE: Solodyn and its generic are both non-preferred with PA required. If generic minocycline ER is approved, the PA will be issued for brand-name Solodyn.

PA CRITERIA:

- ❖ Approvable for members 12 years of age or older with moderate to severe acne

AND

- ❖ Submit documentation of trial and failure with at least one of the following: doxycycline, erythromycin, or tetracycline

AND

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, minocycline regular release tablets or capsules, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.